

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/23/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E038		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2013	
NAME OF PROVIDER OR SUPPLIER HAVILAND CARE CENTER LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 200 MAIN HAVILAND, KS 67059			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000			
F 225 SS=D	<p>The following citations represent the findings of a Health Resurvey.</p> <p>483.13(c)(1)(ii)-(iii), (c)(2) - (4)</p> <p>INVESTIGATE/REPORT ALLEGATIONS/INDIVIDUALS</p> <p>The facility must not employ individuals who have been found guilty of abusing, neglecting, or mistreating residents by a court of law; or have had a finding entered into the State nurse aide registry concerning abuse, neglect, mistreatment of residents or misappropriation of their property; and report any knowledge it has of actions by a court of law against an employee, which would indicate unfitness for service as a nurse aide or other facility staff to the State nurse aide registry or licensing authorities.</p> <p>The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency).</p> <p>The facility must have evidence that all alleged violations are thoroughly investigated, and must prevent further potential abuse while the investigation is in progress.</p> <p>The results of all investigations must be reported to the administrator or his designated representative and to other officials in accordance with State law (including to the State survey and certification agency) within 5 working days of the</p>			F 225			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 225	<p>Continued From page 1</p> <p>incident, and if the alleged violation is verified appropriate corrective action must be taken.</p> <p>This REQUIREMENT is not met as evidenced by: The facility census totaled 45 with 17 resident included in the sample, with 3 of those residents reviewed for abuse. Based on observation, interview and record review the facility failed to thoroughly investigate alleged abuse for 1 of 3 residents sampled for abuse, neglect, or exploitation. (#47)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of #47's annual MDS (minimum data set) dated of 9/17/13 revealed a BIMS (brief interview for mental status) score of 15 (cognitively intact). The resident required set up help with bed mobility, locomotion on and off the unit, personal hygiene and set up assistance for bathing. <p>Review of the Cognitive loss CAA (care area assessment) dated 9/17/13 revealed the resident had a BIMS score of 15 and was able to recall staff/peers names and facility routine without cueing. The resident had displayed behavior at times since admission and that appeared to be part of resident's usual routine.</p> <p>Review of the resident 's care plan dated 9/28/12 revealed the resident had the potential for ineffective coping. The care plan directed the resident to assess the resident quarterly for ability to gain unsupervised outside and off ground privileges, educate the resident to gain off ground</p>	F 225			

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F 225	<p>Continued From page 2</p> <p>privileges he/she needed to follow the care plan and pass assessments, educated the resident that staff takes group to the store two times per week and he/she could go one time per week, and visually check the resident every 2 hours.</p> <p>Review of resident #47's complaint filed on 5/2/13 revealed the resident had dialed 911 (date of call not included in the report) and reported the resident's food was being tampered with and since he/she called 911 the staff was mean to him/her. Further review of the complaint revealed the resident reported that a past employee, maintenance staff J, stared at him/her and made the resident feel uncomfortable. Review of the facility grievance/complaint sheet revealed the complaint was logged on 5/2/13 and an in house investigation was completed. The complaint log sheet was signed by former Administrative staff I on 5/2/13. The facility was unable to provide any document including resident or staff interviews of the investigation completed for this complaint.</p> <p>On 10/15/13 at 2:30 p.m. an interview with resident #47 revealed staff J " was mean to me. " The resident refused to reveal what staff J had said to him/her related to fear of getting in trouble. The resident revealed staff J made him/her feel bad and " I don't like being around [staff J.] " Further interview with resident #47 revealed previous employee J still came to the facility in the evening several times per week to see his/her significant other who worked there. The resident revealed he/she avoided staff member J including not going into the dining room or outside to smoke when previous staff member J was at the facility. The resident revealed he/she had reported the problem to previous Administrative staff I but nothing happened after he/she reported</p>	F 225			

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F 225	Continued From page 3 previous staff J being mean to him/her and he/she had not reported previous staff J continued visits to the facility and being mean to him/her because he/she did not trust any other staff members. On 10/16/13 at 3:55 p.m. interview with the Administrative staff D revealed the facility had not completed a thorough investigation of the resident's complaint about the previous employee J. Staff D revealed the complaint was filed while previous Administrative staff I was at the facility. Staff D revealed the facility was conducting a complete investigation of the resident complaint including interview staff, resident, previous staff member J and changing all the secure codes on the doors. Review of the facility Abuse Policy last revised 11/12 revealed, " The Administrator will ensure that the residents residing in this facility will remain free from verbal, sexual, physical and mental abuse, corporal punishment, involuntary seclusion, neglect and misappropriation of resident property. This will be demonstrated by providing screening of potential employees and residents, early intervention of alleged abuse, as well as identification of perpetrators and potential victims. "	F 225			
F 248 SS=D	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and	F 248			

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F 248	<p>Continued From page 4</p> <p>the physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by: The facility census totaled 45 residents with 17 residents included in the sample. Based on observation, interview and record review the facility failed to have an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of 3 of 4 residents reviewed for activities by not having weekend and evening group activities available. (#26, #48, #50)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of resident #50's signed physician orders dated 9/3/13 revealed the following diagnoses: paranoid schizophrenia (psychotic disorder characterized by gross distortion of reality), hearing loss (inability to hear) and seizure disorder (violent involuntary series of contractions of a group of muscles). <p>Review of the annual MDS (minimum data set) dated 12/18/12 revealed a BIMS (brief interview for mental status) score of 14 indicating normal cognition. The resident had depression and delusional thinking through assessment. The activity assessment revealed the resident liked reading, music, animals, news, group activities, outdoor activities and religious services.</p> <p>Review of the quarterly MDS dated 9/30/13 revealed a BIMS score of 14.</p>	F 248			

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F 248	<p>Continued From page 5</p> <p>Review of the CAA (care area assessment) dated 12/18/12 revealed the following: Resident stated during interview that group activities were very important to him/her. The resident had little attendance at group activities since admission, encouraged to socialize with peers to prevent worsening depression or isolation.</p> <p>Review of the care plan with a date of 12/18/12 revealed: Activity Deficit related to paranoid schizophrenia. The resident had mild intellectual disabilities, epilepsy and hearing loss. Approaches included document attendance at group activities and offer verbal praise when resident attends activities. Encourage resident to socialize with peers and attend group activities during the day. Encourage use of leisure box and outdoor equipment when weather good. Encourage resident to attend library time and to check out books of interest. Provide resident with monthly/weekly calendar of scheduled events and inform resident of specific activities related to resident 's preferences.</p> <p>Review of the activity calendar dated October 2013 revealed Saturday activities as, play a board game with others, karaoke 1 time a month, write a letter, and to read a book. Sunday activities included Wii (electronic TV games) games, play card games, write in your journal and do a puzzle. Review revealed the activities in the evening were independent activities except Bingo on Wednesday nights.</p> <p>Review of the activity logs for August and September and the logs revealed only 1 weekend a month had planned group activities.</p>	F 248			

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F 248	<p>Continued From page 6</p> <p>Observation on 10/16/13 at 9:30 a.m. revealed the resident in his/her room reading a magazine.</p> <p>Observation on 10/16/13 revealed the resident sat in a recliner in his/her room watching the television.</p> <p>During an interview on 10/15/13 at 3:25 p.m. the resident reported he/she did not go to all the activities but liked movies. The resident reported he/she would go to activities on Saturday and Sunday but activities were closed on the weekends.</p> <p>During an interview on 10/16/13 direct care staff C reported the resident spent a lot of time in his/her room watching the TV or reading.</p> <p>During an interview on 10/17/13 at 11:45 a.m. activity staff H reported there were no activity staff in the facility on weekends. The facility did not have the budget to have weekend activity staff. The direct care staff tried to have board games, coloring or movies on weekends if they had time but there was just the two of them. The staff did the best they could.</p> <p>On 10/17/13 at 10:30 a.m. licensed nurse G reported it was difficult to do activities with the residents on the weekends when it was just the nurse and two direct care staff.</p> <p>The facility failed to provide a policy for activities when asked on 10/17/13.</p> <p>The facility failed to provide activities to meet the interests and the physical, mental, and psychosocial well-being of resident #50 by not having evening or weekend activities.</p>	F 248			

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F 248	<p>Continued From page 7</p> <p>- Review of resident #48's signed physician orders dated 9/3/13 revealed the following diagnoses: schizoaffective disorder (psychotic disorder characterized by gross distortion of reality), tobacco use disorder (smokes).</p> <p>Review of the admission MDS (minimum data set) dated 9/10/13 revealed a BIMS (brief interview for mental status) score of 14 indicating normal cognition. The resident had a behavior of rejection of care 1 to 3 days out of the 7 day look back period. The activity assessment revealed the resident liked reading, music, animals, news, group activities, outdoor activities and religious services.</p> <p>Review of the CAA (care area assessment) dated 9/10/13 revealed the activity CAA did not trigger for further investigation.</p> <p>Review of the care plan dated 9/11/13 revealed Potential for Activity deficit related to diagnosis of Schizoaffective Disorder. Approaches included activities of resident's personal preferences be implemented if determined to be performed safely and if appropriate area/supplies available. Activity assessment completed yearly, reviewed quarterly with any applicable changes added to care plan. Document the resident's attendance of activities. Encourage resident to attend and actively participate in activities. Encourage resident to attend current events. Encourage resident to attend activities of choice. Encourage resident to socialize with others. Encourage resident to watch TV or listen to music of resident's choice. Provide weekly/monthly calendar of scheduled events. Provide yearly calendar for resident's personal use.</p>	F 248			

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F 248	<p>Continued From page 8</p> <p>Review of the activity calendar dated October 2013 revealed Saturday activities as play a board game with others, karaoke, write a letter, and to read a book. Sunday activities included Wii (electronic TV game) games, play card games, write in your journal and do a puzzle. Review revealed the activities in the evening were independent activities except Bingo on Wednesday nights.</p> <p>Review of the activity progress notes dated 9/24/13 revealed: So far for the month of September resident had completed 13 activities, goal is 12-15. Resident liked to join in on activities such as socializing and watching movies to name a few. Resident enjoyed leisure activities of his/her own choosing as well. Continue to encourage resident to meet care plan goal.</p> <p>Review of the activity logs for August and September revealed only 1 weekend a month had any activities.</p> <p>Observation on 10/15/13 at 3:15 p.m. revealed the resident in his/her room as he/she sat on the bed opening mail and listening to music. The resident was calm and in good spirits.</p> <p>Observation on 10/16/13 at 10:30 a.m. revealed the resident in his/her room sleeping on the bed with the radio playing.</p> <p>During an interview on 10/15/13 at 3:15 p.m. the resident reported he/she liked to attend activities. The resident reported there were no activities in the evenings with the last activity ended around 4:45 p.m. The resident also reported the facility did not have activities on the weekend.</p>			F 248			

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F 248	<p>Continued From page 9</p> <p>During an interview on 10/17/13 at 11:45 a.m. activity staff H reported there were no activity staff in the facility on weekends. The facility did not have the budget to have weekend activity staff. The direct care staff tried to have board games, coloring or movies on weekends if they had time but there was just the two of them. The staff did the best they could.</p> <p>During an interview on 10/17/13 at 1:30 p.m. direct care staff C reported the staff tried to do activities with the residents but depended on how busy they were it did not always happen.</p> <p>On 10/17/13 at 10:30 a.m. licensed nurse G reported it was difficult to do activities with the residents on the weekends when it was just the nurse and two direct care staff.</p> <p>The facility failed to provide a policy for activities when asked on 10/17/13.</p> <p>The facility failed to provide activities to meet the interests and the physical, mental, and psychosocial well-being of resident #48 by not offering activities in the evening and weekends.</p> <p>- Review of resident #26's annual MDS (minimum data set) dated 8/15/13 revealed a BIMS (brief interview for mental status) score of 14 (cognitively intact). The MDS revealed the resident had a loss of interest in activities 12-14 days during the 14 day look-back period.</p> <p>Review of the psychosocial CAA (care area assessment) dated 8/15/13 revealed the resident had depression and stated he/she had little interest or pleasure in doing things almost daily</p>	F 248			

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F 248	<p>Continued From page 10</p> <p>and it was not important for him/her to do his/her favorite activities. The resident stated, "I am just too tired because of my medications. "</p> <p>Review of the resident's care plan dated 9/17/12 revealed a problem of a potential for an activity deficit. The care plan directed the staff to encourage the resident to get involved and participate in activities, encourage the resident to use the leisure box and outdoor equipment, invite the resident to activities geared around his/her interests, and provide weekly and monthly calendar of events.</p> <p>Review of the resident's activity assessment dated 10/16/13 revealed the resident had an interest in animals, arts/crafts, barber shop, board games, cards, community outings, music, radio, reading, resident council and gardening.</p> <p>Review of an activity progress note dated 9/25/2013 at 11:23 a.m. revealed the resident exceeded his/her care plan goal by completing 9 activities for the month. The resident's goal was set at 5-8 activities per month. The resident attended arts & crafts, walking to the hardware store, socializing, smoking, and watching TV.</p> <p>Review of an activity progress note dated 8/13/2013 at 4:53 p.m. revealed the resident completed 22 activities in the month of July. The resident also enjoyed doing leisure activities of his/her likes.</p> <p>On 10-15-13 at 3:30 p.m. observation of the resident in the dining room for snack time, revealed the resident consumed a snack cake and drank a glass of juice. The resident visited with table mates and then went out to smoke with</p>			F 248			

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F 248	Continued From page 11 a large group of residents. On 10/15/13 at 3:30 p.m. an interview with resident #26 revealed the facility does not have activities at night or on the weekends. The resident revealed he/she generally listened to his/her radio, visited with his/her roommate and other residents or watched television at night and on the weekends. On 10/17/13 at 10:07 a.m. an interview with activity staff H revealed he/she assessed the resident upon admission for activity likes and dislikes. The residents received an activity calendar monthly to inform the resident of scheduled activities. Staff H revealed he/she only worked Monday thru Friday and all night and weekend activities fell on the CNA's (certified nursing assistants). He/she revealed the facility only had two CNAs scheduled per shift so staff did not always have time to do activities. Staff H revealed the resident was very active in arts and crafts but recently had been sleeping all the time. Staff H revealed he/she left games, cards, simple crafts, and other activities out for the residents in the common room at night and on the weekends. The facility failed to provide a policy for activities when asked on 10/17/13. The facility failed to provide activities for a resident on night and weekends to meet the resident's activity interests and needs.	F 248			
F 250 SS=D	483.15(g)(1) PROVISION OF MEDICALLY RELATED SOCIAL SERVICE The facility must provide medically-related social services to attain or maintain the highest	F 250			

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F 250	<p>Continued From page 12</p> <p>practicable physical, mental, and psychosocial well-being of each resident.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>The facility census totaled 45 residents with 17 residents included in the sample. Of those, 3 residents were reviewed for social services. Based on observation, interview and record review, the facility failed to provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being for 2 of 3 sampled residents by the failure to promptly repair broken eye glasses, and address dental concerns. (#45) (#40)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of resident #45's signed physician orders dated 9/25/13 revealed the following diagnoses: myopia (near sightedness), presbyopia (a condition in which the lens of the eye loses its ability to focus, making it difficult to see objects up close), and astigmatism (refractive error of the eye causing blurred vision). <p>Review of the resident's Annual MDS (minimum data set) dated 2/4/13 revealed the resident with a BIMS (brief interview for mental status) score of 15 (cognitively intact). The resident had adequate ability to see light, had corrective lenses, and was independent with personal hygiene.</p> <p>Review of the Quarterly MDS assessment dated 10/10/13 again revealed the resident with a BIMS of 15. The assessment revealed the resident had</p>	F 250			

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F 250	<p>Continued From page 13</p> <p>adequate vision and had corrective lenses. It also revealed the resident needed supervision with no set up for personal hygiene.</p> <p>Review of the Visual Function CAA (care area assessment) for the Annual MDS dated 2/4/13 did not trigger for further assessment.</p> <p>The resident's care plan with an initiated date of 3/20/12 lacked any indication the resident wore glasses, or direction to staff regarding care of the resident's glasses</p> <p>Review of the CNA (certified nurse aide) Day Shift Duties sheet (a sheet directing staff on daily duties) revealed, "Every day assist residents with cleaning their dentures and glasses."</p> <p>Review of the Social Services notes from 2/2013 to 10/15/13 revealed the lacked any indication staff attempted to address the resident's glasses being broken.</p> <p>Observation on 10/14/13 at 2:32 P.M. revealed the resident wore glasses that sagged on the left side. At that time, the glasses had a missing left arm. Observation again at 8:00 A.M. on 10/16/13 revealed the resident walked in the hallways and toward the front door. The resident wore his/her glasses with the left arm still missing. At 8:25 A.M. that day, the resident reported the glasses broke about a month ago, and reported he/she told social services about it. The resident reported he/she wanted to have them fixed, then took off the glasses and pointed to the right arm joint with a plastic sleeve over it. The resident reported the glasses had broken before and the facility had them fixed.</p>	F 250			

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F 250	<p>Continued From page 14</p> <p>During an interview at 10/16/13 on 3:50 P.M. Direct Care staff C reported the resident slept in his/her glasses at times even though staff encouraged him/her not to. Staff C reported he/she also worked over the weekend and did not think the resident had anything wrong with his/her glasses, and the resident would say something if he/she did have something wrong. Staff C reported the resident had real difficulty seeing without the glasses, and had a history of putting them in his/her pocket and squishing them in his/her sleep. Staff C also reported staff needed to encourage the resident as much as possible to be careful with them. At 4:25 P.M., Staff C reported he/she talked with social services about the glasses and was told the resident did not want staff to take the glasses. Staff C reported he/she went down and talked with the resident just now, and the resident let Staff C take the glasses to have them fixed.</p> <p>During an interview with Licensed Nursing staff G on 10/17/13 at 11:56 A.M., he/she reported the resident's glasses broke a week ago, and he/she reported it to social services. Staff G replied, "no" when asked if nurses had a system for monitoring to ensure aides cleaned and checked glasses daily as planned.</p> <p>During an interview with Social Services staff B at 2:47 P.M. on 10/17/13 he/she reported having a goal to get broken glasses fixed as soon as possible, and if a resident did not allow one staff member to take the glasses, he/she had another staff member attempt to talk with the resident about it. Staff B reported the glasses broke a month or so ago, and staff B asked the resident about it then. The resident did not want them fixed, so staff B reported he/she addressed it</p>	F 250			

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F 250	<p>Continued From page 15</p> <p>weekly thereafter. Staff B reported he/she did not document any attempt to assist in fixing the resident's glasses, or when he/she identified the resident's glasses were broken.</p> <p>Administrative Nursing Staff A at 3:41 P.M. on 10/17/13 reported a consultant periodically came in and reviewed social service work, but did not know of anyone assigned to ensure social services followed up with resident concerns.</p> <p>During an interview at 3:30 P.M. on 10/17/13, Administrative staff D and Administrative Nursing Staff A reported having services to get glasses fixed, but did not have a system to monitor glasses for damage or repair needs.</p> <p>On 10/17/13 at 9:30 A.M. Administrative Staff D reported not having a policy regarding eye glass monitoring, maintenance or repair.</p> <p>The facility failed to provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, by the failure to promptly repair broken eye glasses.</p> <p>- Review of resident # 40's signed physician orders dated 9/3/13 revealed the following diagnoses: bipolar disorder (a major mental illness that causes people to have episodes of severe high and low moods), diabetes mellitus (inability to use glucose), and hypertension (high blood pressure).</p> <p>Review of the admission MDS (minimum data set) dated 12/24/12 revealed a BIMS (brief interview for mental status) score of 15. The resident required supervision with personal</p>	F 250			

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F 250	<p>Continued From page 16</p> <p>hygiene and had broken and carious teeth.</p> <p>Review of the quarterly MDS dated 8/26/13 did not include dental status as part of the assessment.</p> <p>Review of the dental CAA (care area assessment) dated 12/24/12 revealed the following: Resident with some decay noted to teeth with oral examination. The resident denies complaints of pain/discomfort at this time. No noted difficulty with chewing. Denies need to have dental visit scheduled.</p> <p>Review of the care plan with a date of 2/16/12 failed to identify any dental problems.</p> <p>Review of the dental progress note from a dental appointment on 7/2/13 revealed the need for an oral surgeon to pull all remaining teeth and place dentures.</p> <p>Review of the social service progress notes dated 7/2/13 revealed social service staff B took the resident to see a dentist in Garden City. The dentist stated "all teeth need to come out by an oral surgeon and needs dentures" Staff B talked to the resident parent about the needed dental work. The parent stated " I sent him/her money 2 to 3 years ago for an upper denture and he/she spent the money on other stuff" "I have no other money to send to him/her".</p> <p>Review of the social service notes dated 8/23/13 revealed social service staff B talked to the resident about his/her dental issue. The resident had an appointment to see the same dentist in Garden City in Garden city on Monday 8/26/13. Staff B contacted the Department of Child and</p>	F 250			

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F 250	<p>Continued From page 17</p> <p>Family services in reference to dental needs, and they referred staff B to the Medicaid Liaison in Concordia, Kansas to find an oral surgeon.</p> <p>Review of the progress notes on 10/16/13 revealed no further social service notes regarding the resident ' s dental status since the note written on 8/26/13.</p> <p>Observation on 10/16/13 at 7:10 a.m. revealed the resident sat at the dining table with a plate containing eggs, ham and toast along with a bowl of cereal. The resident ate with no difficulty chewing the ham as he/she ate.</p> <p>Observation on 10/16/13 11:00 a.m. revealed the resident went through the food line and requested chicken strips and au gratin potatoes, peas, bread and butter, and a cup of sherbet.</p> <p>Observation at 11:15 a.m. revealed the resident ate 100% of the meal.</p> <p>On 10/16/13 at 7:30 a.m. the resident stated he/she ate all the breakfast without difficulty though stated his/her teeth hurt when he/she ate.</p> <p>During an interview on 10/16/13 social service staff B reported taking the resident to another town to a dentist. The dentist reported the resident needed an oral surgeon to extract the remainder of the resident ' s teeth and to receive dentures. The SSD stated he/she contacted the resident ' s parent and the parent stated he/she had no money for the resident. Staff B took no further action at that time.</p> <p>The SSD reported on 8/23/13 he/she then contacted the Medicaid liaison and the liaison stated he/she would locate an oral surgeon for</p>	F 250			

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F 250	<p>Continued From page 18</p> <p>the resident. Up till the present date of 10/16/13 no further follow-up by staff B had been attempted.</p> <p>During an interview on 10/17/13 at 8:40 a.m. social service staff B reported he/she contacted an oral surgeon in Topeka that he/she took another resident to years ago. That surgeon referred him/her to a surgeon in Emporia who had agreed to see the resident. Staff B reported he/she was working on paperwork to fax to the dental office to get an appointment made.</p> <p>During an interview on 10/16/13 at 4:05 p.m. licensed nurse K reported the resident had been to the dentist fairly recently and took antibiotics for a dental infection. Since the antibiotics the resident had no complaints of pain but had pain medication ordered if needed.</p> <p>During an interview on 10/17/13 at 3:00 p.m. Administrative nurse A was aware of some dental concerns of the resident but was not aware that the issue had not been resolved by social services.</p> <p>Review of the policy named Dental Services dated 08/2012 revealed:</p> <p>Policy:</p> <p>Facility will provide or obtain from an outside resource routine and emergency dental services to meet the needs of each resident;</p> <p>Procedure:</p> <p>Dental services are available to residents, including, but not limited to examination, oral</p>	F 250			

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F 250	Continued From page 19 prophylaxis and emergency dental care to relieve pain and infection. A dentist is under agreement with the facility to meet the needs of residents who do not have a personal dentist who require dental services. 1. The facility assists the resident and family/caregiver to obtain the necessary dental care as follows: a. Assist in making appointments; b. Arranging for transportation to and from the dental services. c. Coordinating care and services as appropriate through the residents attending physician. The facility failed to provide medically-related social services to attain or maintain the highest practicable physical, mental, and psychosocial well-being of resident #40 by not following through with finding adequate dental services.			F 250			
F 253 SS=E	483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior. This REQUIREMENT is not met as evidenced by: The facility census totaled 45 residents. Based on observation, interview and record review, the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary and comfortable interior by the failure to maintain flooring in resident bathrooms. This had the potential to affect 24 residents who shared 6			F 253			

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F 253	<p>Continued From page 20 restrooms.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Observation on the South End of the facility during environmental tour at 1:13 P.M. on 10/17/13 revealed a bathroom shared by 4 residents. The linoleum flooring peeled up on the edges, had holes in it, and lacked any transition plates to the room flooring. Staff reported he/she agreed it was not a cleanable surface and needed replaced. Observation in another bathroom shared by 4 residents revealed it lacked any linoleum on the bathroom floors, with the concrete painted blue and a worn area in front of the toilet. At that time Environmental staff E reported he/she planned to get tile or some type of flooring for all bathrooms and the main living area, but needed to wait for the upcoming budget. Staff E reported about half of the bathroom floors needed replaced and had been talking about completing the task for about the last 6 months. Staff E reported he/she normally put in money requests for repairs if they did not fit in the budget, and then would hear back within a day or two. Staff E then reported he/she did not have any written plan for getting the flooring fixed, any quotes completed or vendors lined up, or a type of flooring picked out. <p>During an interview at 4:10 P.M. on 10/17/13, Administrative Staff D reported he/she had started working in the facility and also identified concerns related to the flooring in the bathrooms. Staff D reported he/she planned to have them addresses, and the flooring replaced.</p> <p>Review of the Policy named Floors with a revision date of December 2009 revealed:</p>	F 253			

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F 253	Continued From page 21 Floors shall be maintained in a clean, safe, and sanitary manner. 1. All floors shall be mopped/cleaned/vacuumed daily in accordance with our established procedures. 2. Floor cleaning procedures are maintained by the Enviromental Services Director. 3. Inquiries concerning floor care should be directed to the Director of Housekeeping Services. The facility failed to maintain safe, sanitary and comfortable resident bathroom floors.	F 253			
F 279 SS=E	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under	F 279			

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F 279	<p>Continued From page 22</p> <p>§483.10, including the right to refuse treatment under §483.10(b)(4).</p> <p>This REQUIREMENT is not met as evidenced by: The facility census totaled 45 residents with 17 residents included in the sample. Of those, 17 residents were reviewed for comprehensive care plans. Based on observation, interview and record review, the facility failed to develop a comprehensive care plan for 7 of 17 sampled residents regarding oral hygiene and dental needs, vision/eye glasses and nutrition. (#11) (#45) (#26) (#40) (#41) (#15) (#39)</p> <p>Findings included:</p> <ul style="list-style-type: none"> - Review of resident #11's Annual MDS (Minimum Data Set) dated 1/15/13 revealed a BIMS (Brief Interview for Mental Status) score of 10 (moderate cognitive impairment). It also revealed the resident independent with eating, and needed supervision and setup assistance for personal hygiene. The assessment included the resident had no natural teeth or tooth fragments (edentulous). <p>Review of the quarterly MDS assessment dated 9/27/13 revealed the resident had a BIMS score of 10. The assessment revealed the resident independent with no setup for eating, and needed supervision with no setup for personal hygiene, and independent with eating. The assessment also revealed the resident without any dental concerns.</p> <p>Review of the Cognitive Loss/Dementia CAA (Care Area Assessment) for the 1/15/13 Annual</p>	F 279			

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F 279	<p>Continued From page 23</p> <p>MDS revealed the resident's BIMS assessment score of 10 indicated moderately impaired cognition, the resident had some noted memory issues when asked to do things, but the resident then answered questions after first giving a response of, "I don't know." The resident had the ability to recall staff/peer's names and the facility routine without cueing.</p> <p>Review of the Dental CAA revealed the resident edentulous and had no noted oral problems. He/she had the ability to eat meals without difficulty. Staff gave the resident general reminders to complete oral care, but the resident had the ability to complete the task of oral care without assistance. The resident presented with no difficulty in eating meals, had no noted sores/lesions within his/her oral cavity, and denied complaints of pain or difficulty with eating meals.</p> <p>Review of the care plan last updated 10/5/13 revealed the resident had the potential for a self-care deficit related to a history of a diagnosis of schizophrenia, chronic paranoid, and lack of motivation. It directed staff to document whether the resident took or refused baths, and make sure the resident actually bathed and changed into new clothes, not just get his/her hair wet. It directed staff to provide supplies as requested (soap, shampoo, etc), and staff to prompt the resident as needed, provide verbal praise for tasks completed. The care plan lacked any direction to staff regarding assistance the resident needed with oral care, the resident's current dental status or dental preferences.</p> <p>At 8:20 A.M. on 10/16/13 the resident reported he/she lost his/her dentures a couple years ago,</p>	F 279			

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F 279	<p>Continued From page 24</p> <p>and wanted new ones if he/she could have them. The resident reported he/she had sore gums after eating at meals and at times in between, and he/she did his/her own oral care. During the interview, observation revealed the resident pointed to his/her upper right gums multiple times and reported his/her gums hurt.</p> <p>Observation at 11:02 A.M. on 10/16/13 revealed the resident ate the noon meal without difficulty. The resident remained edentulous at that time.</p> <p>During an interview at 4:03 P.M. on 10/16/13, Direct Care staff C reported he/she did not think the resident had dentures, but had some of his/her own teeth. Staff C reported he/she felt the resident reliable about 75% of the time to tell if he/she had problems or pain with his/her mouth, but the resident had not reported any mouth or gum pain to him/her. Staff C reported the resident did his/her own oral care but staff usually prompted the resident for most cares to ensure the resident completed them.</p> <p>During an interview with Administrative Nursing staff F at 2:06 P.M. on 10/17/13, he/she reported he/she care planned if a resident had oral/dental issues, or difficulty eating, but the resident did not have any current issues.</p> <p>During an interview with Administrative Nursing staff A on 10/17/13 at 3:45 P.M., he/she reported he/she would expect for the care plan do address the need for encouraging a resident with oral care and providing the resident with appropriate supplies, but did not think the resident needed encouragement to complete daily oral care. Review of the Policy named Care Plans-Comprehensive with a revision date of</p>	F 279			

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F 279	<p>Continued From page 25</p> <p>December 2010 revealed: An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident.</p> <p>4. Areas of concern that are triggered during the resident assessment are evaluated using specific assessment tools (including Care area Assessments) before interventions are added to the care plan.</p> <p>The facility failed to have a care plan regarding the resident's edentulous status or oral care needs.</p> <p>- Review of resident #45's signed physician orders dated 9/25/13 revealed the following diagnoses: myopia (near sightedness), presbyopia (a condition in which the lens of the eye loses its ability to focus, making it difficult to see objects up close), and astigmatism (refractive error of the eye causing blurred vision).</p> <p>Review of the resident's Annual MDS (minimum data set) dated 2/4/13 revealed the resident with a BIMS (brief interview for mental status) score of 15 (cognitively intact). The resident had adequate ability to see light, had corrective lenses, and independent with personal hygiene.</p> <p>Review of the Quarterly MDS assessment dated 10/10/13 again revealed the resident with a BIMS of 15. The assessment revealed the resident had adequate vision and had corrective lenses. It also revealed the resident needed supervision with no set up for personal hygiene.</p> <p>Review of the Visual Function CAA (care area assessment) for the Annual MDS dated 2/4/13</p>			F 279			

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F 279	<p>Continued From page 26</p> <p>did not trigger for further assessment.</p> <p>Review of the resident's care plan with an initiated date of 3/20/12 revealed the potential for an activity defect related to a diagnosis of chronic disorganized schizophrenia with acute exacerbation. It directed staff to encourage the resident to attend the dietary group with the dietary consult when available, socialize with others, take walks, play piano at the resident's leisure, remind the resident to hang out with peers in the activity room when available, smoke at the resident's leisure, and staff has provided piano music until the resident's arrived. The care plan lacked any indication the resident wore glasses, or direction to staff regarding care of the resident's glasses</p> <p>Review of the CNA (certified nurse aide) Day shift Duties sheet (a sheet directing staff on daily duties) revealed, "Every day assist residents with cleaning their dentures and glasses."</p> <p>Observation at 8:00 A.M. on 10/16/13 revealed the resident walked in the hallways and toward the front door. The resident wore his/her glasses with the left arm missing. At 8:25 A.M. that day, the resident reported the glasses broke about a month ago, and reported he/she told social services about it. The resident reported he/she wanted to have them fixed, then took off the glasses and point to the right arm joint with a plastic sleeve over it. The resident reported the glasses had broken before and had them fixed.</p> <p>During an interview at 10/16/13 on 3:50 P.M. Direct Care staff C reported the resident slept in his/her glasses at times even though staff encouraged him/her not to. Staff C reported</p>			F 279			

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F 279	<p>Continued From page 27</p> <p>he/she also worked over the weekend and did not think the resident had anything wrong with his/her glasses, and the resident would say something if he/she did have something wrong. Staff C reported the resident had real difficulty seeing without the glasses, and had a history of putting them in his/her pocket and squishing them in his/her sleep. Staff C also reported staff needed to encourage the resident as much as possible to be careful with them. At 4:25 P.M., Staff C reported he/she talked with social services about the glasses and was told the resident did not want staff to take the glasses. Staff C reported he/she went down and talked with the resident just now, and the resident let Staff C take the glasses to have them fixed. The direct care staff knew specific interventions the resident used in caring for their eye glasses that were not present on the care plan.</p> <p>During an interview with Administrative Nursing staff F at 2:06 P.M. on 10/17/13, he/she reported using the care plan to teach and educate staff as to what care they needed to provide for the residents, but did not normally add eye glass information unless the resident has special care instruction related to the glasses. Staff F reported having information regarding who wore glasses at the front desk on the ADL (activities of daily living) form.</p> <p>At 3:41 P.M. on 10/17/13 Administrative Nursing staff A reported he/she needed to look into adding eye glasses and eye glass care to the care plans.</p> <p>Review of the Policy named Care Plans- Comprehensive with a revision date of December 2010 revealed:</p>	F 279			

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F 279	<p>Continued From page 28</p> <p>An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident...4. Areas of concern that are triggered during the resident assessment are evaluated using specific assessment tools (including Care area Assessments) before interventions are added to the care plan.</p> <p>The facility failed to have a comprehensive care plan regarding the resident's vision or eye glass needs.</p> <p>- Review of resident #26's annual MDS (minimum data set) dated 8/15/13 revealed a BIMS (brief interview for mental status) a score of 14 (cognitively intact). The resident required set up help with personal hygiene and the resident was edentulous.</p> <p>Review of the dental CAA (care area assessment) dated 8/15/13 revealed resident without any natural teeth at this time. Resident recently received full set of dentures, but does not wear them all the time due to they are big after swelling receded.</p> <p>Review of the care plan dated 9/28/12 last reviewed 12/12/12, revealed the care plan failed to address the resident had dentures that did not fit properly and the resident refused to wear the poorly fitting dentures.</p> <p>Review of the resident's progress notes dated 9/5/2013 at 4:31 p.m. revealed, "took the resident to see the dentist in Wichita Kansas. He/she stated, "They gag me." The Dentist stated, "I can't cut them down like you want." The resident</p>			F 279			

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F 279	<p>Continued From page 29</p> <p>gagged and stated, "I don't want to have them lined or do anything with them." The Dentist stated, "OKAY." The resident family was notified via voicemail.</p> <p>Observation on 10/16/13 at 12:00 p.m. revealed the resident during the noon meal, the resident ate beef over egg noodles, bread, peas, ice cream and drank 480 cc of fluids without difficulty chewing or signs of oral sensitivity.</p> <p>During an interview on 10/16/13 at 12:33 p.m. the resident revealed that he/she is able to eat most everything without a problem and he/he does not wear his/her dentures. The resident believed the dentures belonged to someone else and did fine without them. The resident ate 100% of the meal served.</p> <p>On 10/17/13 at 11:38 a.m. interview with Administrative nursing staff S revealed the resident had oral decay and missing teeth but he/she felt the resident did not need to be care planned for dental care related to the fact he/she completed his/her own oral care and no longer wanted to see a dentist.</p> <p>Review of the Policy named Care Plans-Comprehensive with a revision date of December 2010 revealed: An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident...4. Areas of concern that are triggered during the resident assessment are evaluated using specific assessment tools (including Care area Assessments) before interventions are added to the care plan.</p>	F 279			

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F 279	<p>Continued From page 30</p> <p>The facility failed to develop a comprehensive care dental care plan for resident #26.</p> <p>- Review of resident #39's Annual MDS dated 7/5/13 revealed a BIMS score of 15. The resident required was independent with personal hygiene and the resident had missing or broken teeth.</p> <p>Review of the Dental CAA (care area assessment) dated 7/5/13 revealed the resident noted by staff to have decay to his/her teeth due to years of poor oral care. The resident was independent with brushing his/her own teeth after staff prompt/remind him/her at times and the resident denied any complaints of pain or discomfort related to teeth.</p> <p>Review of the resident's care plan dated 7/18/11 revealed the facility failed to develop a care plan to address the resident missing teeth or oral care.</p> <p>Review of the oral assessment dated 9/12/13 revealed the resident denied any dental pain or discomfort and the resident had some missing teeth and stated "I've had those pulled years ago."</p> <p>On 10/15/13 at 4:15 p.m. observation revealed the resident outside in the smokers area. The resident talked freely, smiled while telling a story about his/her spouse. The resident had a missing tooth noted to the upper right side the 3rd or 4th tooth from the front center.</p> <p>On 10/15/13 at 4:15 p.m. the resident revealed the resident's spouse knew about the tooth and so did the facility, but his/her spouse was a dentist and would fix the tooth when the resident</p>	F 279			

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F 279	<p>Continued From page 31</p> <p>got out of the facility. The resident denied pain or discomfort related to the tooth loss and the resident denied difficulty eating or chewing related to the missing tooth.</p> <p>On 10/17/13 at 11:40 a.m. an interview with Administrative Nursing staff S revealed he/she believed there was no need for a dental care plan at this time. The resident was without any complaint of pain/discomfort and was able to eat 100% of meals without difficulty.</p> <p>Review of the Policy named Care Plans-Comprehensive with a revision date of December 2010 revealed: An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident...4. Areas of concern that are triggered during the resident assessment are evaluated using specific assessment tools (including Care area Assessments) before interventions are added to the care plan.</p> <p>The facility failed to develop a comprehensive dental care plan for resident #39.</p> <p>- Review of resident # 40's signed physician orders dated 9/3/13 revealed the following diagnoses: bipolar disorder (a major mental illness that causes people to have episodes of severe high and low moods), diabetes mellitus (inability to use glucose), and hypertension (high blood pressure).</p> <p>Review of the admission MDS (minimum data set) dated 12/24/12 revealed a BIMS (brief interview for mental status) score of 15. The</p>	F 279			

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F 279	<p>Continued From page 32</p> <p>resident required supervision with personal hygiene and had broken and carious teeth.</p> <p>Review of the quarterly MDS dated 8/26/13 did not include dental status as part of the assessment</p> <p>Review of the dental CAA (care area assessment) dated 12/24/12 revealed the following: Resident with some decay noted to teeth with oral examination. The resident denies complaints of pain/discomfort at this time. No noted difficulty with chewing. The resident denies the need to have dental visit scheduled.</p> <p>Review of the care plan with a date of 2/16/12 failed to identify any dental problems.</p> <p>Review of the dental progress note for 7/2/13 revealed the need for an oral surgeon to pull all remaining teeth and place dentures.</p> <p>Review of the dental progress notes dated 8/26/13 revealed the same dentist stated the resident had a "mouth full of decay" and the resident was told last appointment he/she needed full upper and lower dentures and to see an oral surgeon.</p> <p>Observation on 10/16/13 at 7:10 a.m. revealed the resident sat at the dining table with a plate containing eggs, ham and toast along with a bowl of cereal. The resident ate with no difficulty chewing the ham as he/she ate.</p> <p>On 10/16/13 at 7:30 a.m. the resident stated he/she ate all the breakfast without difficulty though stated his teeth hurt when he/she ate.</p>	F 279			

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F 279	<p>Continued From page 33</p> <p>On 10/16/13 direct care staff L reported the resident had not complained to him/her about any tooth pain. Staff L reported the resident had a good appetite and ate well.</p> <p>During an interview on 10/17/13 at 10:30 a.m. administrative staff F reported it was his/her responsibility to keep the care plans up to date. Staff F did not know why the residents care plan lacked dental concerns.</p> <p>Review of a policy named Care Plans- Comprehensive revealed:</p> <p>An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident.</p> <p>The facility failed to develop a care plan related to dental concerns for resident #40.</p> <p>- Review of resident #15's signed physician orders dated 9/3/13 revealed the following diagnoses: schizoaffective disorder (psychotic disorder characterized by gross distortion of reality), and insomnia (inability to sleep).</p> <p>Review of the admission MDS (minimum data set) dated 9/16/13 revealed a BIMS (brief interview for mental status) score of 14. The resident had no behaviors, independently ate meals and weighed 180 pounds.</p> <p>Review of the CAA (care area assessment) dated 9/16/13 revealed the CAA triggered due to resident having an elevated BMI (body mass index). The resident admitted to facility weighing</p>	F 279			

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F 279	<p>Continued From page 34</p> <p>180 pounds. The resident had an ideal body weight of 146-177 pounds. The resident continues on weekly weights for first 4 weeks, with a good appetite and is on regular diet. Prior to hospitalization the resident lived independently. No care plan planned.</p> <p>Review of the care plan with a date of 9/16/13 lacked any documentation regarding nutritional needs or weight loss.</p> <p>Review of the meal intake record for October 2013 revealed the resident took 100% of all meals.</p> <p>Review of the weights revealed:</p> <p>9/03/13 - 180.0 pounds 9/10/13 - 175.0 pounds 9/17/13 - 171.0 pounds 9/24/13 - 179.0 pounds 10/1/13 - 179.0 pounds</p> <p>Review of the dietitian progress notes dated 9/11/13 chart review. The labs within normal limits. PO (by mouth) intake is good. The resident considered a low nutritional risk at admission. Recommend regular diet to be continued.</p> <p>Review of the faxed Nurses Communication Sheet dated 9/19/13 revealed: resident admit weight was 180 pounds, is currently at 171 pounds. The resident states meals here are a lot lighter than he/she had at home. "May we give double portions?" The physician replied with the order "May have double portions of proteins, fruits and vegetables." The physician signed the order on 9/19/13.</p>	F 279			

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F 279	<p>Continued From page 35</p> <p>Observation on 10/16/13 at 7:41 a.m. revealed the resident sat in the dining room. Breakfast meal consisted of double portions of eggs, sausage, a bowl of fruit loops and toast with jelly. Further observation at 7:52 a.m. revealed the resident ate all of the breakfast meal and cleaned off his/her own dishes before leaving the dining room.</p> <p>Observation on 10/17/13 7:05 a.m. revealed the resident sat at the dining table with a plate of double portions of eggs, and sausage. The resident also had toast and jelly and a bowl of cereal. Drinks consisted of a glass of milk, juice and water and a cup of coffee. Observation at 7:15 a.m. the resident ate all food at the breakfast meal.</p> <p>During an interview on 10/15/13 the resident reported he/she thought the food was pretty average and ate well. He/she stated really liking the gravy and would like the recipe. The resident stated he/she had a good appetite and had a little trouble with his/her weight when he/she first came in but was just about right now. He stated weight around 180 pounds which was normal for him.</p> <p>During an interview on 10/16/13 at 11:00 a.m. direct care staff L reported the resident always ate well and liked all food served to him/her. The resident was a big eater and received double portions at meals.</p> <p>During an interview on 10/16/13 at 4:00 p.m. licensed nurse K reported the resident had a good appetite. When the resident came to the facility he/she reported being used to bigger meals so we had to contact the physician and</p>	F 279			

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F 279	<p>Continued From page 36</p> <p>increase the resident to double portions which seemed more satisfying to the resident.</p> <p>Review of a policy named Care Plans- Comprehensive revealed:</p> <p>An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident.</p> <p>The facility failed to develop a care plan and implement interventions for any nutritional concerns for resident #15.</p> <p>- Review of resident # 41's signed physician orders dated 9/4/13 revealed the following diagnoses: major depressive disorder (sad mood), schizoaffective disorder (psychotic disorder characterized by gross distortion of reality), anxiety (an emotional or mental reaction characterized by apprehension, uncertainty and irrational fear), intellectual disabilities, and esophageal reflux (backflow of stomach contents into the esophagus).</p> <p>Review of the admission MDS (minimum data set) dated 9/17/13 revealed a BIMS (brief interview for mental status) score of 14 (cognitively intact) with disorganized thinking and depression, no chewing or eating problems and a weight of 226 pounds. The resident had broken, carious teeth listed on the assessment.</p> <p>Review of the CAA (care area assessment) dated 9/17/13 revealed the following: Nutrition CAA-Resident admitted to facility with weight of 226 pounds. Resident's IBW (ideal body</p>	F 279			

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F 279	<p>Continued From page 37</p> <p>weight) range is 187-226 pounds. Resident eats 100% of meals and junk/sugary snacks. Encourage the resident to exercise and to choose healthier food/snack options. At this time resident at top of IBW range. Will continue with weekly weights for first 4 weeks then weigh monthly. If noted increase in weight more than 7 pounds/month, physician to be notified and care plan to be developed at that time.</p> <p>Review of the care plan with a date of 10/14/13 lacked documentation of any nutritional interventions.</p> <p>Review of a nursing communication sheet sent to the physician on 9/26/13 - since admission on 9/4/13 resident is down 14 pounds. Frequently refuses meals with current weight of 212 pounds.</p> <p>Physician orders received to please encourage to eat at meal or give snacks BID (twice daily).</p> <p>Review of the nursing notes dated 9/26/13 revealed the nurse notified the physician of weight loss since admit. The resident had a weight loss of 14 pounds. Resident refused breakfast most days and occasionally refused other meals.</p> <p>Review of the weight record revealed:</p> <p>Admit weight- 9/4/13- 226 pounds 9/18/13- 214 pounds 10/1/13- 215 pounds</p> <p>Review of the admission orders dated 9/4/13 revealed an order for a regular diet.</p> <p>During an interview, on 10/16/13 at 4:10 p.m.</p>	F 279			

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F 279	Continued From page 38 licensed nurse K stated he/she remembered the resident. When asked about the residents nutritional status staff K stated the day shift had a lot of difficulty getting the resident to eat breakfast and very little lunch. The nurse recalled the physician being notified and staff instructed to encourage the resident to eat meals and snacks. Shortly after that the resident transferred to another facility. Review of a policy named Care Plans- Comprehensive revealed: An individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. The facility failed to develop a care plan and implement interventions for any nutritional concerns for resident #41.	F 279			
F 371 SS=F	483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions This REQUIREMENT is not met as evidenced	F 371			

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F 371	<p>Continued From page 39</p> <p>by:</p> <p>The facility census totaled 45 residents. The facility prepared and served meals for all 45 residents. Based on observation, interview, and record review, the facility failed to prepare and serve foods under sanitary conditions by the failure to properly mix sanitizer used to clean dining room tables and follow the standards of practice regarding hand washing and glove usage, and the regular scheduled cleaning of vents and fans in the kitchen to prevent the contamination of food served to all 45 residents.</p> <p>Findings included:</p> <ul style="list-style-type: none"> - During dining observation on 10/14/13 at 11:30 a.m. dietary staff M wore gloves while serving the vegetables and handling the scoop spoon. While wearing the same gloves staff M handled the individual pats of butter with butter exposed, cups of sour cream and slices of unwrapped bread while putting the food on the resident's tray. <p>Observation on 10/16/13 at 11:00 a.m. dietary staff M wore gloves while serving the vegetables and handling the scoop spoon. While wearing the same gloves staff M handled the pats of butter with butter exposed, and slices of unwrapped bread while putting the food on the resident's tray.</p> <p>During an interview on 10/17/13 at 11:30 a.m. dietary staff N reported that he/she had instructed the staff to wear gloves when serving and it was not necessary to use tongs to serve the bread.</p> <p>According to the 2009 Food & Drug Administration Food Code section 3-304.15 Gloves, Use limitation revealed "(A) If used, SINGLE-USE gloves shall be used for only one</p>	F 371			

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F 371	<p>Continued From page 40</p> <p>task such as working with READY-TO-EAT FOOD or with raw animal FOOD, used for no other purpose and discarded when damaged or soiled, or when interruptions occurring during the operation."</p> <p>The facility had no policy for glove usage in the dietary department and when handling food items.</p> <p>The facility failed to ensure the dietary staff followed proper hand washing and gloving techniques to prevent food contamination of the butter, and the ready to eat sandwich bread.</p> <p>- On 10/14/13 during initial kitchen tour a fan hung above the back door blowing towards the door. The fan was dirty with a thick build- up of dust. In the back of the kitchen an exhaust vent above the refrigerator/freezer area had a thick layer of dust on the entire surface.</p> <p>During an interview on 10/17/13 at 11:30 a.m. dietary staff N reported the maintenance man cleaned the vents and fan in the kitchen because he/she had to use a ladder to reach.</p> <p>During an interview on 10/17/13 at 1:13 p.m. maintenance Staff E revealed he/she did not clean or have a system for cleaning the vents or fan in the kitchen. "Honestly we do not do a lot in the kitchen because there is always food in there. We (maintenance staff) just fix anything that needs fixed."</p> <p>On 10/21/13 a request made to administrative staff D for a policy for the maintenance of vents and fans though no policy provided.</p>	F 371			

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F 371	<p>Continued From page 41</p> <p>The facility failed to have a system in place for the maintenance of vents and a fan in the kitchen to prevent the dust from falling on food and contaminating the food.</p> <p>- Observation on 10/16/13 at 11:20 a.m. revealed dietary staff M had a small bucket of water and a cleaning rag to wipe off tables in the dining room between 1st and 2nd dining times. Staff M stated the water had sanitizer in it and when asked how he/she tested the chemical the staff M got a roll of test strips from the kitchen and dipped a piece of the strip into the bucket of water. The wet strip did not change color to indicate the level of sanitizer was at an effective level for sanitation. Staff M took the bucket over to staff N who dumped the water bucket and filled it with new chemicals and water. The water tested at 150 ppm (parts per million) which was the recommended strength for the Quat solution used to effectively sanitize.</p> <p>During an interview on 10/16/13 at 11:25 a.m. dietary staff N reported staff M was a new employee but should have remembered to put the chemicals in the bucket and test the solution with the test strips prior to wiping the tables. Staff N stated staff M needed more training.</p> <p>Review of the policy Sanitization with a revision date of December 2008 revealed:</p> <p>The food service area shall be maintained in a clean sanitary manner.</p> <p>4. Sanitization of environmental surfaces must be performed with one of the following solutions:</p> <p>a. 50-100 ppm chlorine solution.</p>			F 371			

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F 371	Continued From page 42 b. 150-200 ppm quaternary ammonium compound (QAC); or c. 12.5 ppm iodine solution. The facility failed to ensure the staff followed proper sanitizing procedures to prevent cross contamination in the dining room when cleaning tables between meals. This had the potential to affect all 45 residents who lived in the facility.	F 371			
F 412 SS=D	483.55(b) ROUTINE/EMERGENCY DENTAL SERVICES IN NFS The nursing facility must provide or obtain from an outside resource, in accordance with §483.75(h) of this part, routine (to the extent covered under the State plan); and emergency dental services to meet the needs of each resident; must, if necessary, assist the resident in making appointments; and by arranging for transportation to and from the dentist's office; and must promptly refer residents with lost or damaged dentures to a dentist. This REQUIREMENT is not met as evidenced by: The facility census totaled 45 residents with 17 residents included in the sample. Of those, 4 residents were reviewed for dental care and services. Based on observation, interview, and record review, the facility failed to provide or obtain from an outside resource, dental services to meet the needs of each resident, assist the resident in making appointments and promptly refer residents with lost dentures to a dentist for 2 of 4 sampled residents. (#11) (#40) Findings included:	F 412			

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F 412	<p>Continued From page 43</p> <p>- Review of resident #11's Annual MDS (Minimum Data Set) dated 1/15/13 revealed a BIMS (Brief Interview for Mental Status) score of 10 (moderate cognitive impairment). It also revealed the resident was independent with eating, and needed supervision and setup assistance for personal hygiene. The assessment included the resident had no natural teeth or tooth fragments (was edentulous).</p> <p>Review of the quarterly MDS assessment dated 9/27/13 revealed the resident had a BIMS score of 10. The assessment revealed the resident independent with no setup for eating, and needed supervision with no setup for personal hygiene, and independent with eating. The assessment also revealed the resident without any dental concerns.</p> <p>Review of the Cognitive Loss/Dementia CAA (Care Area Assessment) for the 1/15/13 Annual MDS revealed the resident's BIMS assessment score of 10 indicated moderately impaired cognition, the resident had some noted memory issues when asked to do things, but the resident then answered questions after first giving a response of, "I don't know." The resident had the ability to recall staff/peer's names and the facility routine without cueing.</p> <p>Review of the Dental CAA for the 1/15/13 Annual MDS revealed the resident was edentulous and had no noted oral problems. He/she had the ability to eat meals without difficulty. Staff gave the resident general reminders to complete oral care, but the resident had the ability to complete the task of oral care without assistance. The resident presented with no difficulty in eating</p>	F 412			

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F 412	<p>Continued From page 44</p> <p>meals, had no noted sores/lesions within his/her oral cavity, and denied complaints of pain or difficulty with eating meals.</p> <p>Review of the care plan last updated 10/5/13 revealed the resident had the potential for a self-care deficit related to a history of a diagnosis of schizophrenia, chronic paranoid, and lack of motivation. The care plan lacked any direction to staff regarding assistance the resident needed with oral care, the resident's current dental status or dental preferences.</p> <p>Review of social services progress notes since 9/2012 lacked any indication social services staff addressed the resident's oral status or any denture concerns.</p> <p>Review of an oral assessment dated 9/19/13 revealed the resident had no teeth, did not need dental exam, and had no issues related to the resident's gums.</p> <p>At 8:20 A.M. on 10/16/13 the resident reported he/she lost his/her dentures a couple years ago, and wanted new ones if he/she could have them. The resident reported he/she had sore gums after eating at meals and at times in between, and he/she did his/her own oral care. During the interview, observation revealed the resident pointed to his/her upper right gums multiple times and reported his/her gums hurt.</p> <p>Observation at 11:02 A.M. on 10/16/13 revealed the resident ate the noon meal without difficulty. The resident remained edentulous as that time.</p> <p>During an interview at 4:03 P.M. on 10/16/13, Direct Care staff C reported he/she did not think</p>	F 412			

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F 412	<p>Continued From page 45</p> <p>the resident had dentures, but had some of his/her teeth. Staff C reported he/she felt the resident reliable was about 75% of the time to tell if he/she had problems or pain with his/her mouth, but the resident had not reported any mouth or gum pain to him/her. Staff C reported the resident did his/her own oral care but staff usually prompted the resident for most cares to ensure the resident completed them.</p> <p>During an interview with Social Services staff B at 2:47 P.M. on 10/17/13, he/she reported the resident did not have any dentures or natural teeth, but didn't have any money and refused to save the money to buy them. Staff B reported staff did not normally ask on admission if an edentulous resident had interest in getting dentures. Staff B also reported he/she did not document any provided education to the resident about saving for a new pair of dentures, about the resident's refusal to save money for dentures, or discussions with the resident regarding his/her oral status/goals.</p> <p>During an interview with Administrative Nursing staff A on 10/17/13 at 3:45 P.M., he/she reported the nurses completed initial assessments when residents admitted to the facility, and made appointments if residents had any dental complaints or concerns. Staff A reported, generally, if residents came in without dentures, the resident had been without them for a long period of time and were used to not having the dentures. Staff A reported he/she did not think staff asked residents directly about wanting or needing dentures unless the resident had difficulty eating, pain or some other issue where dentures might be needed.</p>	F 412			

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F 412	<p>Continued From page 46</p> <p>Review of the facility's Dental Services policy last revised 08/12 revealed, "Dental services are available to residents, including, but not limited to examination, oral prophylaxis and emergency dental care to relieve pain and infection. A dentist is under agreement with the Facility to the needs of the residents who do not have a personal dentist and who require dental services." It also revealed, "2. The facility must assist promptly to refer residents with lost or damaged dentures to a dentist."</p> <p>The facility failed to identify and address a resident's dental need/goal for dentures.</p> <p>- Review of resident # 40's signed physician orders dated 9/3/13 revealed the following diagnoses: bipolar disorder (a major mental illness that causes people to have episodes of severe high and low moods), diabetes mellitus (inability to use glucose), and hypertension (high blood pressure).</p> <p>Review of the admission MDS (minimum data set) dated 12/24/12 revealed a BIMS (brief interview for mental status) score of 15. The resident required supervision with personal hygiene and had broken and carious teeth.</p> <p>Review of the quarterly MDS dated 8/26/13 did not include dental status as part of the assessment.</p> <p>Review of the dental CAA (care area assessment) dated 12/24/12 revealed the following: Resident with some decay noted to teeth with oral examination. The resident denies complaints of pain/discomfort at this time. No noted difficulty with chewing. Denies need to have</p>	F 412			

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F 412	<p>Continued From page 47 dental visit scheduled.</p> <p>Review of the care plan with a date of 2/16/12 failed to identify any dental problems.</p> <p>Review of the dental progress note from a dental appointment on 7/2/13 revealed the need for an oral surgeon to extract all remaining teeth and place dentures.</p> <p>Review of the social service progress notes dated 7/2/13 revealed social service staff B took the resident to see a dentist in nearby city. The dentist stated "all teeth need to come out by an oral surgeon and resident needs dentures." Staff B talked to the resident parent about the needed dental work. The parent stated " I sent him/her money 2 to 3 years ago for an upper denture and he/she spent the money on other stuff" "I have no other money to send to him/her."</p> <p>Review of the social service notes dated 8/23/13 revealed social service staff B talked to the resident about his/her dental issue. The resident had an appointment and saw the same dentist in Garden City on Monday 8/26/13. Staff B contacted the Department of Child and Family Services in reference to dental needs, and they referred staff B to contact the Medicaid Liaison to find an oral surgeon.</p> <p>Review of the progress notes on 10/16/13 revealed no further social service notes regarding the resident's dental status since the note written on 8/23/13.</p> <p>Observation on 10/16/13 at 7:10 a.m. revealed the resident sat at the dining table with a plate containing eggs, ham and toast along with a bowl</p>	F 412			

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F 412	<p>Continued From page 48</p> <p>of cereal. The resident ate with no difficulty chewing the ham as he/she ate.</p> <p>Observation on 10/16/13 11:00 a.m. revealed the resident went through the food line and requested chicken strips and au gratin potatoes, peas, bread and butter, and a cup of sherbet. Observation at 11:15 a.m. revealed the resident ate 100% of the meal.</p> <p>On 10/16/13 at 7:30 a.m. the resident stated he/she ate all the breakfast without difficulty though stated his/her teeth hurt when he/she ate.</p> <p>During an interview on 10/16/13 social service staff B reported taking the resident to another city to a dentist. The dentist reported the resident needed an oral surgeon to extract the remainder of the resident's teeth and to receive dentures. The SSD stated he/she contacted the resident's parent and the parent stated he/she had no money for the resident. Staff B took no further action taken at that time.</p> <p>The SSD reported on 8/23/13 he/she then contacted the Medicaid liaison and the liaison stated he/she would locate an oral surgeon for the resident. Up till the present date of 10/16/13 no further follow-up attempted by staff B.</p> <p>During an interview on 10/17/13 at 8:40 a.m. social service staff B reported he/she contacted an oral surgeon in Topeka that he/she took another resident to years ago. That surgeon referred him/her to a surgeon in Emporia who had agreed to see the resident. Staff B reported he/she was working on paperwork to fax to the dental office to get an appointment made. Staff B also contacted a dentist in Wichita, Kansas who</p>	F 412			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 17E038	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/17/2013
NAME OF PROVIDER OR SUPPLIER HAVILAND CARE CENTER LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 200 MAIN HAVILAND, KS 67059		
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F 412	<p>Continued From page 49</p> <p>informed staff B he/she could make the resident dentures for around 300 dollars after the teeth were extracted if the surgeon did not make the dentures.</p> <p>During an interview on 10/16/13 at 4:05 p.m. licensed nurse K reported the resident had been to the dentist fairly recently and took antibiotics for a dental infection. Since the antibiotics the resident had no complaints of pain but had pain medication ordered if needed.</p> <p>During an interview on 10/17/13 at 3:00 p.m. Administrative nurse A was aware of some dental concerns of the resident but was not aware that the issue had not been resolved by social services.</p> <p>Review of the policy named Dental Services dated 08/2012 revealed:</p> <p>Policy: Facility will provide or obtain from an outside resource routine and emergency dental services to meet the needs of each resident;</p> <p>Procedure: Dental services are available to residents, including, but not limited to examination, oral prophylaxis and emergency dental care to relieve pain and infection. A dentist is under agreement with the facility to meet the needs of residents who do not have a personal dentist who require dental services.</p> <p>1. The facility assists the resident and family/caregiver to obtain the necessary dental care as follows:</p> <p>a. Assist in making appointments;</p> <p>b. Arranging for transportation to and from the</p>	F 412			

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F 412	Continued From page 50 dental services. c. Coordinating care and services as appropriate through the resident's attending physician. The facility failed to provide routine and emergency dental services to meet the needs of resident #40.	F 412			